A P P E N D I X   D

Fields on Forms

Appendix Objectives

In this appendix, we will provide you with available values for the fields in CalTOP forms. We will also provide you with a list of valid values for Co-dependents.

A. Valid Field Values

B. Required Field Values for Codependent Records

A. Valid Field Values

This appendix includes lists of valid values for form fields.

Client Information Form

Field Name	Values
Birth First Name	
Birth Last Name	
Current Last Name	
Mother's First Name	
Gender	Male
	Female
Date of Birth	Must be a valid date that is prior to today's date
Place of Birth: County	
Place of Birth State	
Place of Birth: Country	
SSN	Must be a numeric of 9 digits
Zip Code of Current Residence	(Optional) Must be a numeric of either 5 or 9 digits
CDC	(Optional unless the **Legal Status** field on the client's *Admission* form is "**Under parole supervision from CDC**")
	Must be less than or equal to 15 characters
Race	White
	Black/African-American
	American Indian
	Alaskan Native
	Asian Indian
	Cambodian
	Chinese
	Filipino

Field Name	Values
	Guamanian
	Hawaiian
	Japanese
	Korean
	Laotian
	Samoan
	Vietnamese
	Other Asian
	Other Race
	Not Answered
Ethnicity	Not Hispanic
	Mexican/Mexican American
	Cuban
	Puerto Rican
	Other Hispanic/Latino
	Not Answered
Religious Preference	Protestant
	Catholic
	Jewish
	Islamic
	Other
	None
	Not Answered

Contact Form

Field Name	Values
Date of Contact	Must be a valid date that is on or after 7/1/1999 and must be on or before today's date.
Contact Code	In Person
	Telephone (ASI intake must be in person)
	Not Answered

Admission – California Only and Admission Forms

Field Name	Values
Date of CA Admission (*Admission -CA* Form)	Must be a valid date that is on or after 7/1/1999 and must be on or before today's date
Date of Admission (*Admission* Form)	Must be a valid date that is on or after 7/1/1999 and must be on or before today's date
Date of CalTOP Interview	Must be a valid date that is on or after 7/1/1999 and must be on or before today's date
Date of Last Discharge	Must be a valid date
Wait List	Must be greater than or equal to 0
Length of Residence: years (*Admission* Form)	Must be less than or equal to 83
Length of Residence: months (*Admission* Form)	Must be numeric
Response to Interview (*Admission* Form)	Patient terminated (by interviewer)
	Patient refused
	Patient unable to respond (language barrier, etc.)
	Not Applicable
Primary Disability, Secondary Disability, Tertiary Disability	None
	Visual
	Hearing

Field Name	Values
	Speech
	Mobility
	Mental
	Developmentally Disabled
	Other Disability (not alcoholism/ drug addiction)
CADDS Transaction Type	Initial Admission
	Transfer or Change in Service
Referral Source	Individual (Includes self-referral)
	Alcohol/Drug Abuse Care Program
	Other Health Care Provider
	School (Educational)
	Employer/EAP
	Court/Criminal Justice
	12 Step mutual aid (AA, Al-Anon, etc.)
	Other Community Referral
Type of Admission (*Admission* Form)	No substance abuse treatment services other than detox in the past 30 days
	Prior substance abuse treatment services other than detox in the past 30 days
CalWorks Medi-Cal Welfare to Work Locator Form Perinatal Services Consent Form Perinatal Care Management CoDependent	No Yes

Field Name	Values
Case Management Parent Education Child Welfare Public Assistance Housing Self-Help Programs Infant Programs Vocational Education Other AOD Programs Other Service	No Yes
Specify Other	
Controlled Environment-30 Days (*Admission* Form)	No Jail Alcohol/Drug Treatment Medical Treatment Psychiatric Treatment Other
Controlled Environment - 30 Days: # of days	Must be 0-30, X (Not Answered) or N (Not Applicable)
Controlled Environment-6 months (*Admission* Form)	No Jail Alcohol/Drug Treatment Medical Treatment Psychiatric Treatment Other
Controlled Environment - 6 months: # of days	Must be 0-186, X (Not Answered) or N (Not Applicable)

Field Name	Values
Days Overnight for Medical: past 30 days (*Admission* Form)	Must be 0-30, X (Not Answered) or N (Not Applicable)
Days Overnight for Medical: past 6 months (*Admission* Form)	Must be 0-186, X (Not Answered) or N (Not Applicable)
Days Overnight for Psychiatric: past 30 days (*Admission* Form)	Must be 0-30, or X (Not Answered)
Days Overnight for Psychiatric: past 6 months (*Admission* Form)	Must be 0-186, or X (Not Answered)
Days Overnight for ER Visits: past 30 days (*Admission* Form)	Must be 0-30, X (Not Answered) or N (Not Applicable)
Days Overnight for ER Visits: past 6 months (*Admission* Form)	Must be 0-186, X (Not Answered) or N (Not Applicable)
Chronic Mental Illness	Completion of this field is optional.
	No
	Yes
	Blank
Medications Prescribed for AOD Problem	None
	Methadone and/or LAAM
	Other
Client Pregnant at Admission (*Admission* Form)	Male
	No
	Yes

Field Name	Values
	Not Sure/Don't Know
Month of Pregnancy Began Pre-Natal Care (*Admission* Form)	First month Second month
	Third month
	Fourth month
	Fifth month
	Sixth month
	Seventh month
	Eighth month
	Ninth month
	Did not begin prenatal care
	Not Answered
Current Employment Status (*Admission* Form)	Full Time (35 or more hours/week) or armed forces
	Part Time (less than 35 hours per week)
	Unemployed and looking past 30 days, or laid off
	Not in the Labor Force
Highest School Grade Completed (*Admission* Form)	Must be 0-30 or X (Not Answered)
Vocational Training-30 Days (*Admission* Form) Vocational Training-6 Months (*Admission* Form)	No Yes Not Answered
Number of Prior AOD Treatments	Must be greater than or equal to 0.
Days Attended Self Help Groups (*Admission* Form)	Must be 0-30 or X (Not Answered)

Field Name	Values
Needles-12 Months	No
	Yes
Primary Drug Code (*Admission* Form) Secondary Drug Code (*Admission* Form) Tertiary Drug Code (*Admission* Form)	Completion of this field is optional for **Secondary Drug Code** and **Tertiary Drug Code.**
	None (only valid for second or third degree drug codes)
	Alcohol
	Cocaine/Crack
	Marijuana/Hashish
	Heroin
	Non-Prescription Methadone
	Other Opiates and Synthetics
	PCP
	Other Hallucinogens
	Methamphetamines
	Other Amphetamines
	Other Stimulants
	Benzodiazepine
	Other Tranquilizers
	Barbiturates
	Other Sedatives or Hypnotics
	Inhalants
	Over-The-Counter
	Other
	Not Answered
Primary Drug Route (Admission Form) Secondary Drug Route (*Admission* Form) Tertiary Drug Route (*Admission* Form)	Completion of this field is optional for **Secondary Drug Route** and **Tertiary Drug Route**.

Field Name	Values
	Oral
	Smoking
	Inhalation
	Injection
	Other
	Not Answered
	Not Applicable
Primary Drug Frequency (*Admission* Form) Secondary Drug Frequency (*Admission* Form) Tertiary Drug Frequency (Admission Form	Completion of this field is optional for **Secondary** and **Tertiary Frequency of Use.**
	No past month use
	1-3 times in past month
	1-2 times per week
	3-6 times per week
	Daily
	Not Answered
	Not Applicable
Primary Age at First Use (*Admission* Form) Secondary Age at First Use (*Admission* Form) Tertiary Age at First Use (*Admission* Form	Completion of this field is optional for **Secondary** and **Tertiary Age at First Use.**
	Must be greater than or equal to 5.
Times Arrested: past 30 days (*Admission* Form)	Must be 0-30 or X (Not Answered)
Times Arrested: past 6 months (*Admission* Form)	Must be 0-186 or X (Not Answered)
Legal Status	Under Parole Supervision by CDC
	On parole supervision by FBP
	On probation from local jurisdiction

Field Name	Values
	Admitted under diversion from any court
	Incarcerated
	Not Applicable
Funding Source	Parolee Services Network
	Female Offenders Treatment Program (FOTP)
	Not Applicable
Priority Status	Completed Forever Free and released and enrolled in treatment program
	Any woman paroling from CIW
	Completed Forever Free and goes direct to FOTP facility
	Not Applicable
Current Living Arrangement (*Admission* Form)	Homeless (no fixed address, includg shelters)
	Dependent Living
	Independent Living
	Not Answered
Number of Children Living with Client past 30 days (*Admission* Form)	Must be a positive number, X (Not Answered) or N (Not Applicable)
Number of Children Living with Client past 6 months (*Admission* Form)	Must be a positive number, X (Not Answered) or N (Not Applicable)
Number of Children under 18 years	Must be a positive number, X (Not Answered) or N (Not Applicable)

Field Name	Values
Number of Children Where Parental Rights Terminated	Must be a positive number, X (Not Answered) or N (Not Applicable)
Any Child Living with Someone Else (due to child protection court order) (*Admission* Form)	No Yes Not Answered

ASAM/PPC II Form

Field Name	Values
Date of ASAM/PPC II	Must be a valid date on or after 7/1/1999 and must be on or before today's date.
Currently Pregnant	No Yes Not Sure/Don't Know Male
Level of Care Indicated	Outpatient (OP) detoxification Outpatient detox with extended on-site monitoring Monitored residential detoxification Medically monitored residential detoxification Medically managed inpatient detoxification Early intervention Outpatient services Intensive outpatient services Day treatment Low intensity residential services Medium high intensity residential services Residential monitored intensive services

Field Name	Values
	Medically managed inpatient
	Opiate dependence disorder maintenance
Level of Care Indicated: 30 days or less	No
	Yes
	Blank
Level of Care Received	Outpatient (OP) detoxification
	Outpatient detox with extended on-site monitoring
	Monitored residential detoxification
	Medically monitored residential detoxification
	Medically managed inpatient detoxification
	Early intervention
	Outpatient services
	Intensive outpatient services
	Day treatment
	Low intensity residential services
	Medium high intensity residential services
	Residential monitored intensive services
	Medically managed inpatient
	Opiate dependence disorder maintenance
Level of Care Received 30 days or less	No
	Yes
	Blank
Care Received Start Date	Must be a valid date on or after 7/1/1999 and must be on or before today's date.
Reason for Care Level Difference	Service not available
	Provider judgment

Field Name	Values
	Client preference
	Client on waiting list for appropriate level
	Service available but no payment source
	Geographic accessibility
	Family responsibility
	Not listed
	Not Applicable
	Language barrier

Treatment Forms

Field Name	Values
Service Date	Must be a valid date on or after 7/1/1999 and must be on or before today's date
Service Code	For a list of service codes, see "Service Code-dependent Field Values" on page 141.
Clinician's Initials	Must be 1-5 characters in length
Confirmatory Report	No Yes
Duration	15 minutes or less 16 to 30 minutes 31 to 60 minutes 61 to 120 minutes 121 to 180 minutes 181 to 240 minutes More than 240 minutes

Field Name	Values
Dosage	0 to 20 mgs
	21 to 40 mgs
	41 to 50 mgs
	51 to 60 mgs
	61 to 70 mgs
	71 to 80 mgs
	81 to 100 mgs
	101 to 120 mgs
	121 to 140 mgs
	141 to 200 mgs

Episode Status Change Form

Field Name	Values
Date of Episode Status Change	Must be a valid date on or after 7/1/1999 and must be on or before today's date.
Reason for Episode Status Change	Completed Treatment/Recovery Plan, Goals
	Left Before Completion w/Satisfactory Progress
	Left Before Completion w/Unsatisfactory Progress
	Refer/Transfer for Add. Drug/Alcohol Treat/Recovery
	Incarcerated
	Death
	Other
	Unknown
Date of Last Contact	Must be a valid date.
Living with Anyone with Alcohol Problem	No

Field Name	Values
	Yes
	Not Answered
Living with Anyone Using Non-Prescribed Drugs or Abusing Prescribed Drugs	No Yes
Days Overnight for Medical: past 30 days (*Admission* Form)	Must be 0-30, X (Not Answered) or N (Not Applicable)
Days Overnight for Psychiatric: past 30 days (*Admission* Form)	Must be 0-30, or X (Not Answered)
Number of Emergency Room Visits: past 30 days (*Admission* Form)	Must be 0-30, X (Not Answered) or N (Not Applicable)
Client Pregnant During this Episode	No
	Yes
	Not Sure/Don't Know
	Male
Current Employment Status (*Admission* Form)	Full Time (35 or more hours/week) or armed forces
	Part Time (less than 35 hours per week)
	Unemployed and Looking Past 30 Days or Laid Off
	Not in the Labor Force
Primary Drug Code (*Admission* Form) Secondary Drug Code (*Admission* Form) Tertiary Drug Code (*Admission* Form)	Completion of this field is optional for **Secondary Drug Code** and **Tertiary Drug Code.**
	None (only valid for second or third degree drug codes)
	Alcohol
	Cocaine/Crack
	Marijuana/Hashish

Field Name	Values
	Heroin
	Non-Prescription Methadone
	Other Opiates and Synthetics
	PCP
	Other Hallucinogens
	Methamphetamines
	Other Amphetamines
	Other Stimulants
	Benzodiazepine
	Other Tranquilizers
	Barbiturates
	Other Sedatives or Hypnotics
	Inhalants
	Over-The-Counter
	Other
	Not Answered
Primary Drug Route (Admission Form) Secondary Drug Route (*Admission* Form) Tertiary Drug Route (*Admission* Form)	Completion of this field is optional for **Secondary Drug Route** and **Tertiary Drug Route**.
	Oral Smoking
	Inhalation
	Injection
	Other
	Not Answered
	Not Applicable
Primary Drug Frequency (*Admission* Form) Secondary Drug Frequency (*Admission* Form) Tertiary Drug Frequency (Admission Form	Completion of this field is optional for **Secondary** and **Tertiary Frequency of Use.**

Field Name	Values
	No past month use
	1-3 times in past month
	1-2 times per week
	3-6 times per week
	Daily
	Not Answered
	Not Applicable
Times Arrested: past 30 days	Must be 0-30 or X (Not Answered)
Current Living Arrangements	Homeless (no fixed address, including shelters)
	Dependent Living
	Independent Living
	Not Answered

B. Required Field Values for Codependent Records

When you submit an *Admission – California Only* or an *Admission* form for a codependent, CalTOP requires that certain fields contain specific values.

✎   At this time, codependent data is not being used in the CalTOP Treatment Outcome Study.

Admission – California Only Form

The following table lists valid values for *Admission - California Only* fields that require specific values for codependents.

Field	Valid Values
Codependent	Yes
CalWorks	No
Medi-Cal	No
Welfare to Work	No
Perinatal Services	No
Perinatal Case Management	No
Chronic Mental Illness	Blank or No
Medication Prescribed for AOD Problem	None
Number of Prior AOD Treatments	Zero
Needles	No
Legal Status	Not Applicable
Funding Source	Not Applicable
Priority Status	Not Applicable

Admission Form

The following table lists valid values for fields on the *Admission* form that require specific values for codependents.

Field	Valid Values
Codependent	Yes

Field	Valid Values
CalWorks	No
Medi-Cal	No
Welfare to Work	No
Perinatal Services	No
Perinatal Case Management	No
Chronic Mental Illness	Blank or No
Medication Prescribed for AOD Problem	None
Number of Prior AOD Treatments	Zero
Needles	No
Primary Drug Code	Not Answered
Primary Drug Route of Administration	Not Answered
Primary Drug Frequency of Use	Not Answered
Primary Drug Age at First Use	X (Not Answered)
Secondary Drug Problem - All Fields	Blank
Tertiary Drug Problem - All Fields	Blank
Legal Status	Not Applicable
Funding Source	Not Applicable
Priority Status	Not Applicable
Current Living Arrangements	Not Answered